



Robert E. Bush
Naval Hospital

Did you know?...

You have the right to express your concerns about patient safety and quality of care.

There are several avenues open to you:

- * Through the ICE website.
- * Through the Naval Hospital Customer Comment Cards.

- * The Hospital's Customer Relations Officer at 760-830-2475, or any of the Customer Relations representatives in the hospital's clinics.

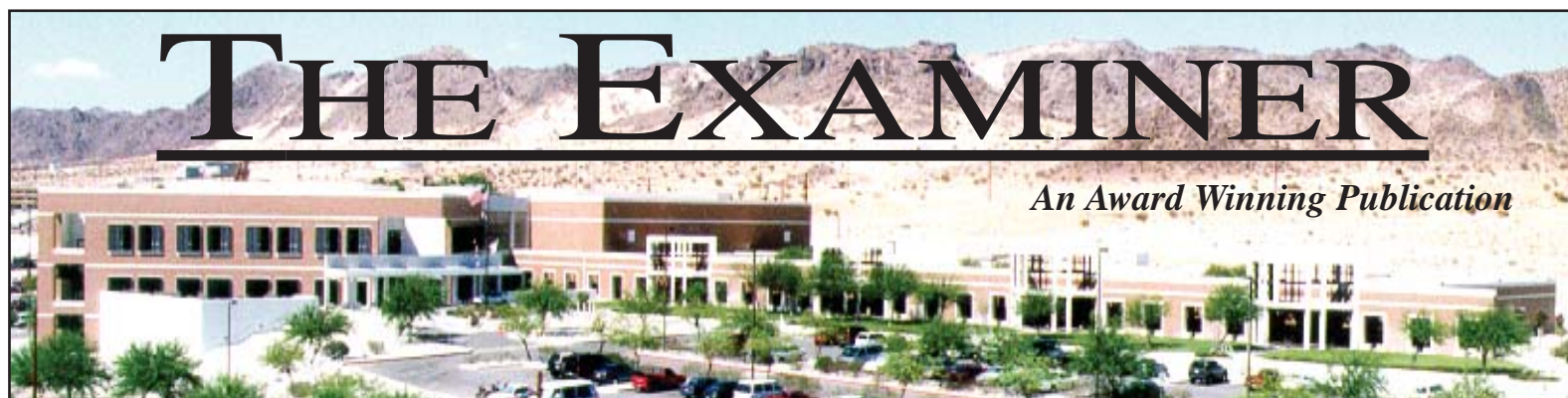
Or Directly to the Joint Commission via:

E-mail at
complaint@jointcomission.org

Fax:
Office of Quality Monitoring
630-792-5636

Mail:
Office of Quality Monitoring
The Joint Commission
Oak Renaissance Boulevard
Oakbrook Terrace, IL 60181

Commanding Officer
Naval Hospital Public Affairs Office
Box 788250 MAGTTC
Twentynine Palms, CA 92278-8250



<http://www.med.navy.mil/sites/nhttp/pages/default.aspx>

Hospital Faces Access Issue; Personnel Shortage

By Dan Barber,
Public Affairs Officer
Robert E. Bush Naval Hospital

The Robert E. Bush Naval Hospital is currently experiencing a shortage of providers in the Pediatric and Family Medicine and Mental Health Clinics; in addition, we are seeing an increase in patients with acute respiratory and gastrointestinal illnesses.

HDMC Visits NHTP...



Captain Ann Bobeck, Commanding Officer, Naval Hospital Twentynine Palms speaks to a group of executives from Hi-Desert Medical Center during a visit. From left to right are Lionel "Chad" Chadwick, CEO, left, Judy Austin, CNO/COO; Cmdr. Maria Young, Director Nursing Services, behind Capt. Bobeck is Dan McClure, Hi-Desert's Director of Information Systems.

Also, the hospital has a shortage of clerks in the Call Center. Beneficiaries trying to call in to make appointments are experiencing longer wait times in the queue until they can speak to a live operator.

We apologize for these inconveniences, and want to assure you that we are aware of these issues and are working hard to alleviate the obstacles in providing appropriate medical care to

our patients.

If you just need some over-the-counter meds without having to see a provider, the Naval Hospital offers an Over-the-Counter (OTC) medication dispensing program for your convenience. OTC medications may be obtained for family members between 2-18 years old and only by a parent or guardian. Patients who are not eligible to receive OTC medications are pregnant or breastfeeding mothers, children less than two years old, and those who are currently in flight status or in the Personal Reliability Program.

All patients must have a valid military identification card in their possession at the time of dispensing. Each family member will be eligible to receive a maximum of four different items in a three-month period.

These medications will be entered into each person's computerized prescription record to screen for allergies, overlapping medications and duplications.

A request form must be completed, which includes a brief question-and-answer assessment of your medical condition(s) and current medication(s) you are

taking. You will receive a hand-out discussing the proper use, dosages, cautions and side effects associated with the medications you request and receive.

If your medical condition does not improve or if it worsens within 48 hours, you should seek advice from a medical professional. (Our Emergency Medicine Department is open 24/7 (but during this period of time you may have an extended wait to be seen.)

This program is designed to offer access to many common cough and cold, sore throat, fever, headache, stomach upset and minor gynecological conditions that are listed below:

- * Acetaminophen (Tylenol) 325mg tablets & elixir
- * Ibuprofen (Motrin) 200mg tablets & suspension
- * Diphenhydramine (Benadryl) capsules & elixir
- * Pseudoephedrine (Sudafed) tablets & syrup
- * Triprolidine w/ pseudoephedrine (Actifed) tablets & elixir
- * Guaifenesin (Robitussin) syrup
- * Guaifenesin w/ detromethor

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Patients seen in January -- 11,653
Appointment No Shows in January -- 933

One in ten patients do not show up for their appointments at this hospital. If an appointment is no longer needed, please call so another patient can be seen.

To make an appointment call -- 760-830-2752
To cancel an appointment call -- 760-830-2369

Dangerous Creatures of Morongo Basin

By Martha Hunt, MA Health Promotions
Robert E. Bush Naval Hospital

Most of the dangerous creatures of Morongo Basin have been tucked away hibernating for the last few months. However, as spring is quickly approaching, the desert and its creatures will be re-awakening to begin the cycle of life again.

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Doctor Emphasizes Prevention in Cancer Fight

*By Terri Moon Cronk
American Forces Press Service*

WASHINGTON, Feb. 3, 2011 - Smoking cessation, annual physicals and routine screenings are the best ways to decrease the risks of cancer, said a Navy doctor who routinely sees active-duty and retired military personnel and family members for chemotherapy.

"We see a lot of lung cancer patients who have never smoked in their lives," said Navy Lt. Cmdr. (Dr.) Erin Larkins, an oncologist and hematologist at the National Naval Medical Center in Bethesda, Md. "But it's known that smokers, especially heavy smokers, are definitely at increased risk for lung cancer."

And cancers of the head, neck, mouth, throat and voice box -- and the numbers of those cases thought to be linked to smoking -- have increased, Larkins said.

"When [smoking is] combined with drinking the numbers go even higher," she added.

The most common cancers in the United States, Larkins said,

are breast cancer in women and prostate cancer in men. Colon cancer rates No. 2 for men and women, she added.

"Lung cancer has been No. 3 for a long time," she said, noting lung cancer has the highest death rate of any cancer.

"We're expanding treatments, but it's still an aggressive cancer usually found in advanced cases, which makes it difficult to treat," Larkins said.

Routine preventive screenings, such as mammograms and colonoscopies, have created high rates of early cancer detection, Larkins said, adding that treatment at early stages increases chances of survival.

When to start getting mammograms is a decision usually made between the doctor and the patient, the doctor said.

"There's some debate now about whether to start mammograms at 40 years old or 50 years old," she explained. "The opinions are varied throughout the medical field right now."

Women with a mother or sister who had breast cancer at age 40 should start getting mammo-

grams 10 years earlier, Larkins added.

Colonoscopies are recommended after age 50 and are known to be a very effective screening for colon cancer, Larkins said.

Another procedure for detecting colon cancer is the "virtual colonoscopy." Similar to a CAT scan, she said, this procedure can detect tiny polyps and other concerns.

Prostate cancer is the most common cancer that occurs in men, Larkins said. A test for prostate-specific antigen molecules in the blood -- commonly known as "PSA screening" -- is recommended for men older than 50, Larkins said, and studies indicate that African-American men should start PSA tests at 40.

Cervical cancer in women has become relatively rare, the doc-

tor said, thanks to early detection by Pap smears. No screenings exist for pancreatic and ovarian cancers, she said, but "studies are being done all the time to find screens" for those cancers and others that are difficult to treat because a patient often has no symptoms until the cancer is advanced.

Vaccine therapies are under study, Larkins said, but are not in common use to prevent certain cancers. "The main thing is be aware of screening and know it's something you should do, based on your age [or] family history," she said. "Be aware of your own health."

Meanwhile, studies and trials to detect and treat different cancers remain an ongoing process, the doctor said.

"One of the biggest changes in the last several years has been looking at tumors individually

as much as we can," she said. "We know not all breast tumors behave the same -- some are much more aggressive than others."

World Cancer Day is observed Feb. 4. It was established by the International Union Against Cancer to raise awareness and encourage cancer prevention, detection and treatment. The IUAC is a global consortium of 350 cancer-fighting organizations in more than 100 countries.

The World Health Organization estimates that without treatment, 84 million people will die of cancer between 2005 and 2015.

"If cancer spreads," Larkins said, "it is mostly still incurable. If we can prevent it, rather [than] treat it, that's a much better option."

Troops Urged to Quit Smokeless Tobacco

From a Tricare News Release

FALLS CHURCH, Va., Feb. 10, 2011 - When the Defense Department weighs in on kissing and spitting, it's with good reason -- two good reasons, in fact: love and health.

Using smokeless tobacco can pose a stinky, unsavory obstacle to sharing a kiss with a loved one, parent, child or sweetheart. It also may cause a slew of serious health problems. That's why TRICARE wanted military personnel to participate in the Great American Spit Out and kiss the spit goodbye for a day.

About 19 percent of 18- to 24-year-old men in the armed forces use smokeless tobacco -- that's more than double the national rate. The DoD Quit Tobacco -- Make Everyone Proud campaign at www.ucanquit2.org focused on helping those who spit and chew tobacco to develop a personalized cessation plan.

"Many of our servicemen started using smokeless tobacco at a young age due to peer pressure and became addicted before realizing the negative effects it could have on their personal relationships and health," said Navy Cmdr. (Dr.) Aileen Buckler, a U.S. Public Health Service officer and chairman of the DoD Alcohol and Tobacco Advisory Committee.

Throughout the month of February the DOD website hosted a special Great American Spit Out page, www.ucanquit2.org/facts/gaspo/, where service members publicly posted their pledge to quit.

Also on the website, Navy Capt. (Dr.) Larry Williams, public health emergency officer, answered questions about smokeless tobacco.

Installations planning cessation events can also find ideas, an event registration page, pledge cards, and downloadable promotional materials.

Those planning to quit can get a "Kiss me, I'm Tobacco Free" badge

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Military Charities See Green When You ‘Go Green’

*By Kristen Ward
TriWest Healthcare Alliance*

TRICARE West Region beneficiaries can assist military families and help save the environment with a simple click of a mouse.

Now through March 31, 2011, when a TRICARE beneficiary chooses to ‘Go Green’ and opt-in for paperless statements, TriWest will contribute \$5 to one of the following military support organizations: Armed Services YMCA (ASYMCA), Operation Homefront, Tragedy Assistance Program for Survivors (TAPS) or the USO.

Giving Green

Each of the eligible military charities support active duty service members, veterans, military families and survivors in different ways.

* Operation Homefront -- Provides emergency and morale assistance for service members, the families they leave behind, and for wounded warriors when they return home, and has filled the needs of more than 267,000 military families since 2002.

* Armed Services YMCA (ASYMCA) -- Delivers quality social, educational and recreational programs and services to active duty military and family members. Its programs include children’s waiting rooms at vari-

ous military hospitals and Operation Hero.

* Tragedy Assistance Program for Survivors (TAPS) -- Offers hope, healing, comfort and care to families grieving after the death of a service member through programs such as Survivor Seminars and Good Grief Camps.

* USO -- Entertains and provides educational programs to service members and their families.

Going Green

By registering at www.triwest.com/GoGreen, TRICARE West Region beneficiaries can opt-in to receive paperless TRICARE communications, such as

referral and authorization letters, claims and explanation of benefits statements.

Since launching the ‘Go Green’ program more than a year ago, TriWest has already saved hundreds of thousands of sheets of paper from being

printed and mailed. The ‘Go Green’ option for TRICARE West Region customers is convenient, secure and simple.

For more information, visit www.triwest.com/GoGreen or www.facebook.com/TriWest.

DOD Takes Steps to Combat Childhood Obesity

*By Elaine Wilson
American Forces Press Service*

WASHINGTON, Feb. 9, 2011 - The Defense Department has joined forces with the nation to combat a childhood obesity epidemic that not only is a matter of health or nutrition, but also is a national security issue, a Pentagon official said.

“When the nation as a whole lacks in this issue, it’s pervasive,” Barbara Thompson, co-chair of DoD’s working group to combat obesity, told American Forces Press Service, noting obesity’s impact on everything from recruiting to the nation’s health system.

Today, First Lady Michelle Obama marked the one-year anniversary of her “Let’s Move” campaign, a nationwide initiative to promote making healthy food choices and increasing physical activity within homes, schools and communities. The aim, Obama has said, is to solve America’s childhood obesity epidemic within a generation.

“The physical and emotional health of an entire generation and the economic health and security of our nation is at stake,” Obama said at the Let’s Move launch last year.

America’s childhood obesity rates have tripled in the past 30 years, according to the Let’s Move website. Today, nearly one in three American children and about one in four military children are overweight or obese. This issue has a tremendous impact on the health system, and from a military standpoint, it can affect everything from recruiting and retention to the force’s ability to fight, said Thompson, who also serves as the director of the Pentagon’s office of family policy, children and youth.

Thompson cited a report called “Too Fat to Fight,” which states that 75 percent of Americans ages 17 to 24 are unable to join the military for various reasons, with being overweight or obese the leading medical cause.

“When you take into account

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Release Stress with this Everyday Activity

*By Shari Lopatin
TriWest Healthcare Alliance*

The next time you’re laughing with your friends at a funny joke, you’re helping your heart -- literally. Your body’s arteries -- the blood vessels which carry oxygen-filled blood from the heart to the rest of your body -- respond to laughter in a positive way, according to a Harvard Health Letter published in November 2010.

In fact, laughter could improve blood flow and long-term, overall health. Studies are also showing how laughter not only improves your mental well-being, but makes your heart smile too.

Heart Disease Patients Laugh Less?

In 2000, the University of Maryland Medical Center published the first study stating that laughter may help prevent heart disease. In it, researchers found that people with heart disease were 40 percent less likely to laugh, in any situation, than people of the same age without heart disease.

Those with heart disease were actually less likely to recognize humor at all. They also tended to display more anger and hostility in general.

Laughter and Stress Reduction

Psychology experts commonly agree that laughter and humor are great ways to help reduce stress. According to a 2005 report published in the Journal of the American College of Cardiology, stress can cause one’s blood pressure to rise. High blood pressure is at least twice as strong a predictor of death as smoking or high cholesterol.

That’s why relieving stress on a regular basis is important to keeping one’s blood pressure down.

“Humor is absolutely a coping strategy for dealing with stress and adversity,” said Dr. Blake Chaffee, a psychologist and the vice president of Integrated Health Care Services at TriWest Healthcare Alliance. “If you can see the humor in something, you can mitigate the stress and the negative effects it has on you.”

Chaffee said if not dealt with, stress can put people at an increased risk of:

- * Heart disease
- * Sleep problems
- * Digestive problems
- * Depression
- * Obesity

Need Additional Help De-Stressing?

If the stresses of life are getting to you, and you find yourself struggling to cope, you may be eligible for the TRICARE Assistance Program, or TRIAP. This program offers non-medical, but professional counseling via chat, phone, or the Web. With an Internet-connected computer and a Webcam, you can talk to licensed therapists about issues such as stress or relationship problems. These discussions are completely non-reportable (unless required by law) and are available 24/7/365....so you can make an appointment that works with your schedule.

Think you want more information? Curious to if you’re eligible? Visit www.triwest.com/OnlineCare.

Life’s Lesson...

*I finally get my head together
and my body falls apart!*

Super Stars...



PS2 Felvin Bundalian, Manpower, receives an end of tour Navy and Marine Corps Achievement Medal for his support to the staff of the Robert E. Bush Naval Hospital.



Lieutenant junior grade Anne Dasilva, Adult Medical Care Clinic, receives an Army Commendation Medal for her recent service in Afghanistan.



HM1 Janette Holmes, Leading Petty Officer in the Nursing Services Directorate, receives a Letter of Commendation for being selected as the Senior Sailor of the Quarter for the period from Oct. 1 through Dec. 31, 2010.



Lt. William Johnson, Mental Health Department, receives a Navy and Marine Corps Commendation Medal at the end of his tour of duty at the Robert E. Bush Naval Hospital.



HN Avery Hall, Adult Medical Care Clinic, was honored for completion of the requirements to join the hospital's Color Guard program. He is now authorized to wear the command's Honor Guard Aiguillette.



HM3 Jonathan Randall, Multi-Service Ward, was honored for completion of the requirements to join the hospital's Color Guard program. He is now authorized to wear the command's Honor Guard Aiguillette.



Lt. Alistair McLean, Chief Information Officer of the Robert E. Bush Naval Hospital, receives a Navy and Marine Corps Commendation Medal as an end of tour award at the hospital.



HMC Terry Morocco, Leading Chief in the Health Care Operations Department, receives his sixth Good Conduct Award.



Eliza Russell, left, Clerk in Central Files, retires from Federal Service after 20 years.



HMC Thomas Tennison, Command Physical Fitness Coordinator, right, receives a Gold Star in lieu of his fifth Navy and Marine Corps Achievement Medal.

Command Ready for Seismic Event...



HM2 Jeremy Walton, left, Bio-Med Repair Technician, receives a Navy and Marine Corps Commendation Medal for his support to the Robert E. Bush Naval Hospital.



LCDR Fitzgerald Wheeler, Naval Hospital Twentynine Palms Comptroller and Director of Resource Management, receives a Gold Star in lieu of his fifth Navy and Marine Corps Commendation Medal for his end of tour award.



Reid Middleton, Inc., of Everett, Wash, gives the hospital a memento of their visit in recognition of their work to field a state-of-the art disaster preparedness and response program for the hospital facilities, known as REAP (Rapid Evaluation and Assessment Program). According to Ensign Matthew Christopher, this program will significantly enhance the efficiency and effectiveness of our response following a significant seismic event. Similar programs have been fielded at Bremerton and Balboa.

From left to right is Michael Moeller, Executive Officer, Naval Hospital Twentynine Palms; Dave Swanson, principal and Lance Lum, Project Engineer, both from Reid Middleton; Ensign Matthew Christopher; Captain Ann Bobeck, Commanding Officer, Naval Hospital Twentynine Palms; Dick Schwartz, Facilities Manager; and LCDR Michael Klemann, Director for Administration.

Combat Childhood Obesity...

Continued from page 3

that 50 percent of military youth enter the military or consider entering the military, that's a huge pool we need to be focused on," Thompson said.

Spurred on by the first lady's efforts, the Defense Department formed a childhood obesity working group in August, with a committee of nearly 30 helping professionals from a variety of military backgrounds and expertise, Thompson said. The group includes pediatricians, family medicine physicians, dietitians, nurses, public health professionals, military and civilian personnel experts, family and child and youth professionals, and representatives from the Defense Commissary Agency, the Department of Defense Education Activity, and morale, welfare and recreation.

To tackle a daunting task, the group divided into four subcommittees: nutrition and health for children from birth to age 18, the Military Health System, food and fitness environments and education and strategic communications.

The committee then set out on a mission to improve the health and nutrition of military families, Thompson said.

"We're developing a strategic action plan that cuts across the DoD's food environment," she explained. "We have to look at our food courts, our school menus, how physically friendly is the installation so children can walk to school and bike to school to increase their physical activity, for example.

"It's a very comprehensive look at what we can do as a

department to help our families make the right choices for their families," she added.

They've already made considerable progress, Thompson noted. With the Army taking the lead, officials are creating standardized menus for child development centers to ensure the centers are meeting children's

between finances and food. Eating at home, for example, generally is less expensive than eating out, Thompson said.

Thompson also cited progress within the civilian sector that the military can adopt. The first lady is working with a major "super store" chain to reduce the number of products high in fat, salt and sugar and to boost the number of fruits and vegetables it offers, she explained, and

explained, they're at a much higher risk of cardiovascular risk factors such as high blood pressure and elevated cholesterol, as well as increased blood sugars, which can lead to higher rates of Type 2 diabetes at younger ages than what was seen in the past.

Weight issues often follow children through the years, Buckler noted. Studies show that about 85 percent of children

Thompson noted. "It takes a village to make good change," she said. "We need to bring the message to the important adults in their lives. And as adults, we need to be good role models for our children."

Thompson summed up a healthy family goal with the aid of a few numbers: five-two-one-zero. People, she explained, should aim for five servings of fruits and vegetables a day, two hours or less of screen time, one hour of physical activity and zero sugary drinks.

About 40 percent of children's calories are empty ones, she noted. "That is a real concern that they're not getting enough vitamins and fiber," she said.

The working group is factoring in the additional challenges military families face, Buckler noted, such as multiple deployments and frequent moves. During a deployment, for example, the at-home parent may find it more difficult to find time to shop for healthy foods or take children to physical activities such as soccer or basketball, she said.

"It probably makes eating healthy and getting activity into your life harder," she acknowledged.

But military parents can take smaller steps toward change to start, she noted. They can choose skim milk instead of whole or reduced-fat milk or take a family walk or bike ride after dinner rather than turning on the TV.

"You can go play kickball or throw a ball around," she suggested. "The goal is to get out of the house, get moving and away from the television."

Thompson said she's optimistic about the changes that have occurred and what is yet to come.

"The committee's members are very passionate and committed to making positive changes," she said. Thompson said the group plans to publish a full report with the group's progress and recommendations in the spring.

Meanwhile, for more information on a healthy lifestyle, people can visit a service health and wellness facility, check in with a base fitness center or visit the Let's Move campaign website at <http://www.letsmove.gov> or Military OneSource at <http://militaryonesource.com>.

...To keep these health issues from snowballing, Buckler's Military Health System subcommittee is taking action within health care offices nationwide...

nutritional needs. They're also working with vendors who supply the centers' food to ensure they're getting the freshest vegetables, lower-fat cuts of meat and less processed food laden with fats, salt and sugar.

Since children receive about two-thirds of their daily nutrition requirement while in military child care centers, these efforts are poised to have a significant impact, Thompson said, also noting that military youth and child development centers serve about 700,000 military youth on any given day.

"It's a wonderful opportunity to impact the way they think about healthy lifestyles," she said.

Additionally, the committee is working to develop community gardens, healthy cooking classes and classes on the relationship

commissary officials are looking into this as well. Commissaries already have increased the sales of fresh fruits and vegetables, she noted.

Additionally, the department is working to offer more healthy choices in vending machines, schools, dining facilities, clubs, bowling centers, food courts, and any other on-base locale that offers food, she said.

These changes not only will affect children in the short term with better stamina and well-being, but also will have a significant impact on their long-term health, Public Health Service Cmdr. (Dr.) Aileen Buckler, working group co-chair and TRICARE population health physician, told American Forces Press Service.

When a child is overweight or obese, particularly obese, she

ages 10 to 15 who were overweight became obese by age 25, she said. And children who are obese before age 8 are more likely to have more severe obesity as an adult, which can lead to greater risks of cardiovascular disease, stroke, certain types of cancer, osteoarthritis and even infertility, she added.

To keep these health issues from snowballing, Buckler's Military Health System subcommittee is taking action within health care offices nationwide. Members are working on a policy memo aimed at helping pediatricians, family physicians and civilian health care providers properly diagnose overweight and obesity in children, track trends and offer parents ideas of how they can help at home.

They're also evaluating civilian and military toolkits on childhood obesity so they can develop a standardized toolkit for military and civilian providers, she added. This will ensure they reach the widest scope of children, including those of National Guard and Reserve families.

Along with new initiatives, the committee is taking current, effective programs into account, Thompson said. The committee has gathered an inventory of current service programs to learn from effective practices with an aim to expand those programs across the department, she said.

But the department can't accomplish this alone,

Dangerous Creatures...

Continued from page 1

If you have been in Twentynine Palms for a while, some of these creatures may not be so scary anymore.

If you are new to Twentynine Palms, you think that everything that crawls, slithers, creeps or flies is going to either kill you or leave you maimed for life.

Here is a brief overview of some of these critters, which in the end are not so scary after all when you learn how to avoid them.

The best form of critter prevention is to stay away from them, to eliminate all inviting, homey spots around your home such as piles of lumber and debris, and to seal all cracks and crevices that they can use to crawl into your home. A little spackle and paint does wonders as far as sealing tiny cracks and holes where the critters can enter your home.

Most critters, either poisonous or semi-poisonous, prefer nice dark, quiet, undisturbed places such as out buildings, wood or debris piles, closets, attics, etc. and they usually only wander out of these spaces when they are hungry. In fact, most critter to human contact is purely acci-

dental on both parts, resulting in the critter biting out of fear.

The two scariest spiders in this area are the Black Widow and Brown Recluse spiders. While it's correct that there are no true Brown Recluses here in Morongo Basin, their first cousins live here, and at first glance can be mistaken for a true Brown Recluse. This cousin of the Brown Recluse also causes necrotizing bites and so should also be viewed as potentially dangerous. A necrotizing bite is a bite that doesn't heal and continues to fester and spread from the original bite spot. Brown Recluse bites can take up to two months to heal and need to be kept clean like any open wound.

Spider and scorpion bites are rarely fatal, and when handled properly, can be easily treated as well.

Black Widow bites and scorpion stings feel like a pin-prick and progresses in pain and swelling until the whole area is red, warm, and swollen. The pain may spread to other parts of the body and symptoms may also include nausea, sweating, convulsions and, in rare cases,

death.

The only people seriously at risk from Black Widow bites and scorpion stings are the very young or old and those individuals with compromised immune systems. If you are bitten or stung, call your health care provider or poison control number immediately and seek help.

A bite from a Brown Recluse may go unnoticed for several hours before turning red, swelling and beginning to blister. On rare occasions, a severe bite from a Brown Recluse can cause the skin to not just blister up, but to die back and leave an open sore. Heeling may take a month or longer and may leave a scar where the sore was. As with the Black Widow bites, Brown Recluse bites should be promptly treated to prevent further health risks. And whatever you do, never scratch a Brown Recluse bite. That makes the wound worse and leaves you open to infection.

Regarding snakes, don't tease snakes... they bite to defend themselves and the snake usually ends up paying for your teasing with its life.

It has been estimated that as many as half of all snakebites are provoked by humans purposely scaring the snakes.

Of those bites that are not provoked by people, most are below the knee and half are dry (meaning that no venom was injected).

A good rule to follow in Morongo Basin is -- "if it rattles, it's poisonous."

Snakes who do not have rattles in Morongo Basin are either non-poisonous or semi-poisonous (they'll just make you ill if bitten, not kill you).

If any snake bites you or someone you are with, seek medical help immediately. Keep the victim calm, do not ice the wound and do not try to suck the venom from it. This only makes the bite more dangerous and can result in the victim fac-

ing an amputation of the limb that has been bitten.

Snakebites are rarely fatal, but all snake bite victims need medical assistance.

If you or someone around you is bitten, call 911 immediately.

Remember that the best way to avoid the dangerous creatures of Morongo Basin is to steer clear of them.

Clean up the debris in your yard and get rid of those comfy hiding places that they live in.

Seal all openings to your home and watch where you walk in your yard or when hiking. These creatures will try their best to avoid you and they are hoping you do the same as well.

Quit Smokeless Tobacco...

Continued from page 2

to post on their Facebook page.

The website showcased graphic photos of the devastating effects of surgery for oral cancer, which has been linked to smokeless tobacco use. Those who use smokeless tobacco are marked by bulging cheeks, gunk stuck in teeth, permanently discolored teeth, and spitting cups - all universally unappealing. Visitors will also find hard-hitting facts that dispel the myth that smokeless tobacco is a safe alternative to smoking. For example, almost half of those who contract oral cancer die within five years, and one

American dies from oral cancer every hour.

"Don't let spitting and chewing get in the way of your personal relationships," Buckler urged. "Take this opportunity to do something for yourself and those you love. Kiss smokeless tobacco goodbye and experience the benefits to your social life and health."

Enrolling in the website's comprehensive support system, Train2Quit, can be the first step in the journey to saying goodbye to smokeless tobacco. The system features interactive components such as quit tools, self-

assessment questionnaires, and quizzes.

Service members can create a customized quit plan with a calendar to track progress and learn how to beat cravings, overcome weight gain and cope with nicotine withdrawal. The site also has personal quit coaches, available 24/7, to get answers to questions about becoming tobacco free.

Editor's Note: The Robert E. Bush Naval Hospital has a Health Promotions Specialist/Health Educator standing by to assist those wishing to quit tobacco... just call 760-830-2814 for help.

Access Issue...

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phan (Robitussin DM) syrup

- * Saline nasal spray/drops
- * Cepacol throat lozenges
- * Maalox (regular) 5 ounce bottle

- * Clotrimazole (Gyne-Lotrimin) 1 percent vaginal cream (not for the patient's first

yeast infection and only one issue every 6 months)

For Mental Health issues, family members of active duty personnel or retirees have the option of self-referral to a civilian mental health provider.

You should check with the TRICARE Service Center at the Robert E. Bush Naval Hospital

for TriWest participating providers, or call 1-888-874-9378 for this information.

The Naval Hospital's Mental Health Clinic and Deployment Health Center only sees active duty personnel by walk-in and appointment.

VA Provides Benefits to Veterans' Caregivers

From a White House News Release
WASHINGTON, Feb. 9, 2011 - The Veterans Affairs Department is launching the first of a series of new and enhanced services supporting family caregivers of seriously ill and injured veterans.

President Barack Obama signed the Caregivers and Veterans Omnibus Health Services Act of 2010 legislation

in May, authorizing VA to establish a wide range of new services to support certain caregivers of eligible post-9/11 veterans.

"Caregivers make tremendous sacrifices every day to help veterans of all eras who served this nation," Veterans Affairs Secretary Eric K. Shinseki said. "They are critical partners with VA in the recovery and comfort

of ill and injured veterans, and they deserve our continued training, support and gratitude."

In addition to the new benefits and services for eligible veterans who were disabled in the line of duty since Sept. 11, 2001, VA also will begin providing enhanced benefits and services to caregivers of veterans of all eras who already are enrolled in VA care, including:

-- Access to VA's toll-free Caregiver Support Line at 1-855-260-3274;

-- Expanded education and training on caring for Veterans at home;

-- Other support services such as counseling and support groups and referral services; and
-- An enhanced website for caregivers.

Some of the new benefits of the Caregivers and Veterans Omnibus Health Services Act are restricted by law to the caregivers of the most seriously ill and injured post-9/11 veterans. Those additional benefits include:

-- A monthly stipend;
-- Health care coverage;
-- Travel expenses, including lodging and per diem, while accompanying veterans undergoing care;
-- Respite care; and
-- Mental health services and counseling.

VA will report to Congress in the future on the feasibility of expanding the enhanced services to family caregivers of veterans of all eras, officials said.

While some of these enhanced benefits are available now, many of the other significant newly enacted benefits will require the issuance of regulations. These additional benefits include monthly stipends, pay for travel costs, medical coverage, training, counseling and respite care

designed to prevent institutionalization of veterans whenever possible.

The law requires detailed regulations for determining eligibility, designating and approving caregivers, and providing stipends and health care coverage to primary family caregivers. The complex process required to implement these regulations will provide veterans, caregivers and the public the opportunity to provide comments before those regulations are finalized.

"VA has supported caregivers of veterans of all eras for almost eight decades," said Deborah Amdur of VA's Care Management and Social Work Service, "and we know from our experience and research that veterans are best served when they can live their lives as independently as possible surrounded by caring family and friends."

Each VA medical center has designated caregiver support coordinators who will assist eligible veterans and caregivers in understanding and applying for the new benefits. VA also has a caregiver support website, <http://www.caregiver.va.gov>, which will provide general information once final regulations are published, officials said.

People Goal Group gets Charter...



Captain Ann Bobeck, Commanding Officer Naval Hospital Twentynine Palms, at the table signs the People Goal Charter. The focus of this group will be to focus on family support, and to orient newly reporting family members to the command and the Marine Corps Air Ground Combat Center. From left to right is Lt. Gillian Claveria-Ooms; Debbie Johnson; HMC Tamara Marks, team facilitator; Lt. Stephanie Clapper, assistant team leader; Terena Hartly; Therese Weseman; and HM2 Jeremy Walton.